TRANSMITTAL FORM
(to be used for all correspondence after initial filing)

Application Number	10/645,250
Filing Date	August 20, 2003
First Named Inventor	Muktar A. Mahajan et al.
Group Art Unit	1636
Examiner Name	Guy L. Guidry
Total Number of Pages in This Submission	
Attorney Docket Number	57953/1151 (SAM01-02US)

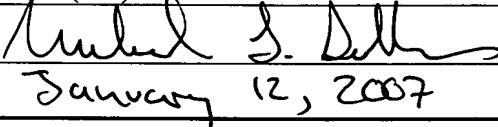## ENCLOSURES *(check all that apply)*

☐ Fee Transmittal Form
  ☐ Fee Attached
☒ Supplemental Amendment ($_____)
  ☐ After Final
  ☐ Affidavits/declaration(s)
☐ Extension of Time Request ($_____)
☐ Express Abandonment Request
☐ Information Disclosure Statement ($____)
☐ Certified Copy of Priority Document(s)
☐ Response to Notice to File Missing Parts/ Incomplete Application ($_____)
  ☐ A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers *(for an Application)*
☐ Drawing(s)
☐ Declaration and Power of Attorney
☐ Licensing-related Papers
☐ Petition ($_____)
☐ Petition to Convert to a Provisional Application
☐ Power of Attorney, Revocation Change of Correspondence Address
☐ Terminal Disclaimer ($_____)
☐ Request for Refund
☐ CD, Number of CD(s) _____

☐ After Allowance Communication to Group
☐ Appeal Communication to Board of Appeals and Interferences
☐ Appeal Communication to Group ($____) *(Appeal Notice, Brief, Reply Brief)*
☐ Proprietary Information
☐ Status Letter
☐ Application Data Sheet
☐ Request for Corrected Filing Receipt with Enclosures
☒ A self-addressed, prepaid postcard for acknowledging receipt
☐ Check in the amount of $_____
☒ Other Enclosure(s) *(please identify below)*:
  - Declaration of Muktar A. Mahajan and Herbert H. Samuels Under 37 CFR § 1.131

Remarks	☒ The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Signature	*[signature]*	Registration No. 30,727
Date	January 12, 2007	

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

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